



MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE  
**LIFE CARE PROVIDER APPLICATION**

Email Application to: dci.ins.deposit@insurance.mo.gov  
 Mail: Missouri Department Of Commerce And Insurance  
 PO Box 4001  
 Jefferson City, MO 65102  
 Questions: regulatory.services@dci.mo.gov

NEW  RENEWAL

**INSTRUCTIONS**

This application must be accompanied by a \$75 application fee. For renewals, each provider must renew annually within 90 days of the end of the provider's fiscal year or with an approved extension.

**SECTION 1. PROVIDER INFORMATION**

PROVIDER NAME

BUSINESS ADDRESS (STREET NUMBER AND NAME, CITY, STATE, ZIP CODE)

MAILING ADDRESS (STREET NUMBER AND NAME, CITY, STATE, ZIP CODE)

**SECTION 2. ADMINISTRATOR INFORMATION**

DOES THIS PROVIDER USE THE SERVICES OF AN ADMINISTRATOR?  
 YES  NO

ADMINISTRATOR NAME

BUSINESS ADDRESS (STREET NUMBER AND NAME, CITY, STATE, ZIP CODE)

MAILING ADDRESS (STREET NUMBER AND NAME, CITY, STATE, ZIP CODE)

**SECTION 3. ATTACHMENTS**

- Annual Statement as defined and required by Section 376.915, RSMo. and detailed in Sections 376.920(1)-(14), RSMo.
- Life Care Contracts required by Section 376.920, RSMo.
- Escrow Agreements required by Sections 376.940 and 376.945, RSMo.
- Financial statements as of a date not more than ninety days prior to the date of this annual statement, including a balance sheet and income statements for the three most recent fiscal years or shorter period of time the applicant shall have been in existence. If the applicant's fiscal year ended more than ninety days prior to application, there shall also be included an income statement, which need not be certified, covering the period between the end of the fiscal year and a date not more than ninety days prior to the date of application. Section 376.920(15), RSMo.

The undersigned affirms or swears that (1) the information stated in this registration and any attachments is true and correct to the best of his or her belief and knowledge, and (2) the undersigned has read and understood the legal requirements represented by this application.

PRINT NAME	SIGNATURE
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EMAIL	TELEPHONE
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**NOTARY**

NOTARY PUBLIC EMBOSSE OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	YEAR
	<b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b>	
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)		